variable dependent on PTH levels. Thus, it seems statistically inappropriate to apply this factor as independent variables in the stepwise regression assay to detect "the patients with high plasma intact PTH levels."

Taken together, we regret to conclude that we could not perform the stepwise analyses including active vitamin D treatment as an independent variable in this study. We hope your attractive hypothesis will be proved in some other opportunities.

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REFERENCES

1. Nakanishi S, Kazama JJ, T, *et al*: Serum fibroblast growth factor-23 levels predict the future refractory hyperparathyroidism in dialysis patients. *Kidney Int* 67:1171–1178, 2005
2. Fukuda N, Tanaka H, Tominaga Y, *et al*: Decreased 1,25-dihydroxyvitamin D3 receptor density is associated with a more severe form of parathyroid hyperplasia in chronic uremic patients. *J Clin Invest* 92:1436–1443, 1993
3. Kazama JJ, Sato F, Omori K, *et al*: Pretreatment serum FGF-23 levels predict the efficacy of calcitriol therapy in dialysis patients. *Kidney Int* 67:1120–1125, 2005
4. Nishi H, Nii-Kono T, Nakanishi S, *et al*: Intravenous calcitriol therapy increases serum concentrations of fibroblast growth factor-23 in dialysis patients with secondary hyperparathyroidism. *Nephron Clin Practice* (in press)

Combination of intravenous iron sucrose and ascorbic acid in hemodialysis patients

To the Editor: We read with great interest the recent article by Sturm et al [1] demonstrating ascorbic acid together with iron sucrose can increase the intracellular labile iron pool and iron mobilization to transferrin in human hepatoma HepG2 cells. The authors reported that neither ferric gluconate nor iron dextran has such an effect. The extrapolation of this important finding to clinical practice, as it was noted in the manuscript, led to the conclusion that iron sucrose could be a more beneficial iron preparation for further response to recombinant human erythropoietin (rHuEPO) with adjuvant ascorbic acid replacement. As it was cited in the paper, the studies investigating the role of ascorbic acid as an adjuvant therapy to rHuEPO enrolled the hemodialysis patients with iron overload. Most of the studies on this issue excluded the patients on iron replacement due to iron overload [2, 3] and reported a beneficial effect of ascorbic acid only in patients with functional iron deficiency. The effect of concomitant use of ascorbic acid with intravenous iron on rHuEPO response has not been extensively evaluated. However, in our recent randomized crossover study, we investigated this issue in all hemodialysis patients, including patients with normal iron status, as well. All patients were on maintenance intravenous iron sucrose and were administrated 500 mg ascorbic acid 3 times a week for 6 months. We found that supplementation of ascorbic acid resulted in a significant increase in hemoglobin levels together with a significant increase in transferrin saturation in approximately 65% of the patients [4]. Therefore, iron sucrose and ascorbic acid can be a better combination due to increasing the amount of bioavailable iron from iron sucrose. However, we recommend further clinical studies to evaluate the effect of other intravenous iron preparations in combination with ascorbic acid.

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REFERENCES

1. Sturm B, Laggner H, Ternes N, *et al*: Intravenous iron preparations and ascorbic acid: Effects on chelatable and bioavailable iron. *Kidney Int* 67:1161–1170, 2005
2. Sezer S, Özdemir FN, Yakupoglu U, *et al*: Intravenous ascorbic acid administration for erythropoietin-hyporesponsive anemia in iron loaded hemodialysis patients. *Artif Organs* 26:366–370, 2001
3. Gastaldello K, Vereerstraeten A, Nzame Nze T, *et al*: Resistance to erythropoietin in iron overloaded hemodialysis patients can be overcome by ascorbic acid administration. *Nephrol Dial Transplant* 10(Suppl 6):S44–S47, 1995
4. Keven K, Kutlay S, Nergizoglu G, Erturk S: Randomized, crossover study of the effect of vitamin C on EPO response in hemodialysis patients. *Am J Kidney Dis* 41:1233–1239, 2003

Continuous renal replacement therapy in the critically ill patient

To the Editor: I read with interest the discussion of Dr. Mehta [1]. As "positive" findings, I see the following: (*1*) The treatment protocol is adapted to the widely available Prisma machine. Nevertheless, in the future I hope to see more versatile models permitting the use of other than Hospal filters, Hospal "sets," and more flexible pump functions; (*2*) the recipe for citrate local anticoagulation, which reduces side effects in patients und prolongs filter function; (*3*) the great idea of partial predilution